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CONFIRMATION NO. 8101

Bib Data Sheet

SERIAL NUMBER 10/670,977	FILING DATE 09/25/2003	CLASS 073	GROUP ART UNIT 2856	ATTORNEY DOCKET NO. 1062/D44
RULE				

## APPLICANTS

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\*\* CONTINUING DATA *N/A*\*\* FOREIGN APPLICATIONS *N/A*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/18/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NH	SHEETS DRAWING 16	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>N/A</i>	Examiner's Signature <i>N/A</i>	Initials		

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## TITLE

System and method for improved volume measurement

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
RECEIVED 1014		